

STATE OF DELAWARE
SINGLE POINT OF CONTACT – SPOC
INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS
Office of Management and Budget
Haslet Building, 3rd Floor, Dover, Delaware 19901
(302) 739-4206



ARRA-#2

1. STATE APPLICATION IDENTIFIER:

S9-07-14-03

SPOC use ONLY

Month

Reviewer

CC's

09

HR

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2. Applicant Project Title: STATE INDEPENDENT LIVING SERVICES, RECOVERY ACT

3. Applicant Department: Health & Social Services

4. Applicant Division/APU: Visually Impaired (35-08-01)

5. Applicant Address: 1901 N. Dupont Highway, Biggs Bldg., New Castle, DE 19720 SLC: H150

6. Contact Person: Robert L. Doyle, III

7. Contact Person's Phone Number: (302) 255-9800

8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)

Robert L. Doyle, III, Designee for Secretary Rita M. Landgraf

9. Federal Grantor Department: U.S. Department of Education

10. Federal Sub-Agency: Office of Special Education and Rehabilitative Services

11. Federal Contact Person: Sue Rankin-White

12. Phone Number: (202) 245-7404

13. Address: 400 Maryland Avenue, SW, Room 5057, Washington, DC 20202

14. Federal Program Title:

Independent Living – State Grants

15. FEDERAL CATALOG NO:
(CFDA)

84 398

16. Project Description:

To provide statewide independent living services that include a more comprehensive transition plan for young adults to transition from school to adult life through increased access to specialized skills training for visually impaired individuals age 18-54.

17. Will funds be utilized for any technology initiatives? ☐ Yes ☒ No If so, Business Case Number and brief project summary:

18. Measurable Objectives:

a. What were last year's objectives?

N/A

b. Were these objectives met? (If not, please explain why)

N/A

c. What are this year's objectives?

1. Develop 2-4 community partnerships that increase opportunities and access to specialized assistive devices and aids for the visually impaired to remain or become active participants in communities throughout the State.

2. Purchase low vision aides and equipment to afford the visually impaired to maintain or gain independence and self-sufficiency.

19. Grant Period: From: 02/17/2009 To: 09/30/2010	20. How many years has this project been funded: 0	21. If the project was funded last year, how much federal money was awarded? \$0
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22. Source of funding for this application:	Dollars
a. Federal grant	\$36,437
b. Other federal funds (Specify source of funding)	
c. Required state contribution 35-08-01 (Specify source of funding)	4,049
d. Discretionary state contribution (Specify source of funding)	
e. Required local contribution (Specify source of funding)	
f. Other non- federal funds (Specify source of funding)	
TOTAL	\$40,486

23. Budget by cost category and source:	Federal Funds	State Funds	Other Funds	Total Funds
Salaries & Fringe Benefits				
Personal or Contractual Services	36,437			36,437
Travel				
Supplies & Materials		4,049		4,049
Capital Expenditures				
Audit Fees				
Indirect Costs				
Other				
TOTAL	\$36,437	\$4,049		\$40,486

24. How many positions are required for the project? (Exclude casual/seasonal employees)			
Breakdown of position(s)	Authorized in State Budget	New Positions Required	Total
Paid for out of federal funds			
Paid for out of General Funds			
Paid for out of state special funds			
Paid for out of bond/local/other funds			
TOTAL			

25. PLEASE NOTE: On a separate piece of paper, please give position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for all positions required. Please identify the new positions by placing an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. If a position has been reallocated to or from another grant please indicate the grant source.
